



NATIONAL CENTERS OF
EXCELLENCE
IN WOMEN'S HEALTH

Report Card

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OFFICE ON WOMEN'S HEALTH
U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES

The National Centers of Excellence in Women's Health were established by the Office on Women's Health of the U.S. Department of Health and Human Services in 1996. The Centers, chosen on a competitive basis, are based in leading academic medical institutions across the U.S. and Puerto Rico. They unite the latest advances in women's health research, medical training, clinical care, public health education, community outreach, and career development for female faculty.

The underlying philosophy of the National Centers of Excellence in Women's Health Program is that women's health must be both comprehensive (including primary care, specialty services, health education and support services) and multi-disciplinary. While the Centers represent a broad geographic range and serve widely diverse populations from a varying array of institutions, they share a common mission: to devise new standards of excellence in women's health. Their ultimate goal: to improve the health status of all women across the life span.

This report card highlights some of the main activities and contributions of the National Centers of Excellence in Women's Health Program.

A New Model For Women's Health

The National Centers of Excellence in Women's Health have developed new initiatives and alliances within their institutions, as well as on the local, regional and national levels to promote and

improve women's health. In order to truly serve as models of excellence in women's health, the Centers have:

- ◆ Met the physical and emotional needs of women as they have been defined by the populations they serve. The Centers of Excellence have used targeted focus groups, patient satisfaction surveys, and demographic analyses to identify their consumer's needs and preferences. They address those needs with comprehensive and multidisciplinary health services.
- ◆ Created dynamic, interdisciplinary linkages across academic programs and professional schools, embedding them in the fabric of the academic health center, so that they are well-established and self-sustaining.
- ◆ Combined the resources of the academic health center with those of community-based health organizations to better serve the health care needs of women—especially those who are underserved.
- ◆ Formed an integrated and comprehensive network that formally links primary and specialty care for women in a user-friendly and women-centered environment.
- ◆ Developed formal programs for health promotion.
- ◆ Transformed the traditional assumption that health and disease follow the same course for men and women by integrating a gendered analysis in the research agenda, educational curriculum, patient education, and clinical practice of their academic health centers.

Improving Women's Access to Health Care Services and Information:

The fragmented nature of women's health services, combined with the practical difficulties women encounter in trying to meet their health care needs, can severely restrict their access to health care services and information. Moreover, as the primary health care decision-makers for their families, women need access to health information that they can trust and understand. In response, the National Centers of Excellence in Women's Health have:

- ◆ Analyzed and streamlined their patient flow procedures and standardized their clinical intake forms. Developed systems to facilitate appointments, including diagnostic guides, special staff, referral lines, or programs to help women navigate the health care system.
- ◆ Expanded primary care services and mechanisms for smoother linkages between primary and specialty services, and within those specialty services.
- ◆ Established multi-disciplinary teams to coordinate the management of care for female patients and facilitate their access to comprehensive, coordinated medical and support services.
- ◆ Extended operating hours to evenings and weekends; provided ancillary services such as child care, translation, transportation, and lab services; and created an environment in which women feel welcome.
- ◆ Targeted special programs to specific, underserved populations of women: i.e., special mature women's clinic for older women; violence prevention programs for pregnant teens; or cardiovascular health initiatives for mid-life women.

- ◆ Instituted telephone and electronic information services that link women with information, such as patient education materials; community resources; opportunities to participate in clinical trials; health classes, fairs, conferences, and other activities.
- ◆ Established women's health information kiosks, libraries, or resource areas within the community as well as in the academic health center.
- ◆ Developed user-friendly, professionally reviewed, patient education materials available in printed format and on the web.
- ◆ Coordinated education materials with patient care management, so that the materials correspond with each phase of a prolonged illness or treatment.
- ◆ Moved education classes into neighborhood clinics, schools, or community organizations.
- ◆ Employed or trained women from the community as lay educators to help overcome both physical and cultural barriers to care.
- ◆ Conducted and analyzed focus groups to devise a new patient satisfaction survey uniquely geared to women's health issues.
- ◆ Evaluated the adequacy of clinical services and patient educational materials to ensure that they are age-appropriate and culturally competent.
- ◆ More greatly integrated academic evaluation expertise with clinical care practice.
- ◆ Developed computer-assisted decision-making modules for patients.

- ◆ Evaluated patient education practices during the development of clinical pathways.

Advancing the Women's Health Research Agenda and Stimulating the Dynamic Integration of Research, Training, and Clinical Services

The goal of the National Centers of Excellence in Women's Health is to not only enhance existing women's health research and stimulate new interdisciplinary initiatives, but also to serve as a catalyst for the full integration of research, health professional education, patient education, and clinical practice. To achieve that goal, the Centers are:

- ◆ Fostering new collaborations between women's health researchers from various specialties, university departments, and professional schools. The Centers offer creative incentives (e.g. access to data, use of lab space, student training opportunities) to spur interdisciplinary collaborations. They have also established database registries of women's health researchers, research interests and activities, and potential funding sources. Individually, the Centers sponsor workshops and conferences for researchers to build collaborative networks, exchange ideas, and develop common agenda. Together, the Centers act as a consortium for interdisciplinary collaboration across their institutional and geographic boundaries.
- ◆ Instituting a Junior Investigators Program, offering junior faculty the opportunity to become principal investigators on a project that combines research and outreach to the community on a wide variety of women's health issues, ranging from addressing barriers to health care encountered by deaf women to investigating the environmental health effects of hair care products in African American beauty salons.
- ◆ Stimulating the rapid translation of research findings into health

care training and clinical practice. The Centers of Excellence have established specific research positions, fellowships, conference series, courses, and community outreach to link the “bench” with the “bedside”, ensure that research addresses community needs, and disseminate research findings in the community.

- ◆ Defining a unified framework for measuring the status of women’s health in the U.S., based on the development of women’s health indicators established by multi-disciplinary advisors.
- ◆ Building organization-wide interest in gender/sex-based research and garnering increased funding for women’s health research from outside sources.
- ◆ Integrating women’s health investigations into the research infrastructure of the institution.
- ◆ Bringing together basic science, clinical science, and service and prevention researchers to expand ongoing women’s health research and generate new activities.
- ◆ Integrating community input and concerns into the research agenda
- ◆ Using evidence-based research—a critical analysis of the medical literature, epidemiology, biostatistics, cost-benefits, health services research, and clinical guidelines—to inform clinical practice.
- ◆ Establishing innovative strategies to increase the recruitment of women, including women of color, for participation in clinical studies. Some of these strategies have included the use of focus groups; analyses of successful and unsuccessful recruitment strategies; coordination of recruitment efforts and data;

development of recruitment guides for researchers; distribution of consumer materials on recruitment opportunities through the media, public education activities, and community outreach; and the implementation of numerous systems to reduce the physical and cultural barriers to participation in clinical studies.

- ◆ Building on demonstrated success of women researchers by introducing research training into early experiences of women medical students.
- ◆ Establishing a Women's Health Research Workshop Series to provide a forum for investigators to share and present new, ongoing research in women's health.
- ◆ Using the Center websites to distribute information about researchers and research activities in women's health, research workshop calendars, funding opportunities for women's health research, and "request for application" forms.
- ◆ Instituting a Women's Health Research Award given by the Center to recognize members of their university faculty.
- ◆ Establishing the practice that all women-only IRBs be assigned to the Center of Excellence in Women's Health.
- ◆ Coordinating the recruitment of women for clinical trials between studies; establishing a single phone number for individuals interested in participating in a trial; and posting information about all clinical trials on their web site.
- ◆ Working toward the linkage of clinical trials with clinical practice, so that patients can sign up for trials directly from the examining room with their physician.

Promoting Women to Leadership Positions in Health Care Provision, Teaching, and Research

The Centers have instituted Leadership and Mentoring initiatives to develop and establish a system that not only inspires women to become leaders in the health care system, but also ensures that those leaders will have the skills to be effective and successful in their roles. To achieve that goal, they have:

- ◆ Implemented a renowned, national executive leadership program for women in academic medicine that trains women in management and career development within the context of emerging issues in academic medicine.
- ◆ Collected, analyzed, and disseminated information on the gender, rank, and comparative salaries of current faculty to assess equitability in pay, promotion, and standing.
- ◆ Established special committees or task forces to evaluate salary and promotion procedures, monitor outcomes, and develop a leadership plan that incorporates recommended changes in faculty search policies and career opportunities to promote the advancement of women in academic medicine.
- ◆ Expanded faculty search procedures to include communicating directly with the Association of American Medical College's Women Liaison Officers as well as the Women in Medicine Specialty Societies and other institutions.
- ◆ Undertaken efforts to get more female faculty on search committees.
- ◆ Obtained significant funding from top administration to implement a women's leadership program within the academic

health center.

- ◆ Instituted a program that welcomes new female faculty and informs them of career development activities, mentorship opportunities, and research presentations.
- ◆ Established an “e-mail mentoring” program that pairs female faculty at the School of Medicine with undergraduates interested in possibly pursuing a career in academic medicine.
- ◆ Trained women in management and career development within the context of emerging issues in academic medicine.
- ◆ Developed mentoring programs to provide junior faculty with information and personal contacts that can enhance career development.
- ◆ Collaborated with the Student Chapter of the American Medical Women’s Association to establish a Gender Equity Award conferred by the students to one clinical and one basic science professor who have demonstrated a keen awareness of gender equity in the clinic and classroom.
- ◆ Invited outstanding women “role models” in academic medicine and science to meet with students and faculty and discuss their professional development.
- ◆ Provided workshops on career development issues.
- ◆ Established online information systems regarding career development.
- ◆ Developed internship and summer job programs for high school girls and undergraduate college students to encourage them to study math, science, and technology and to investigate careers in the health sciences.

Serving as a catalyst for the integration of women's health in the medical curriculum, clinical training, and post-doctoral research.

The Centers of Excellence are fostering changes across the educational spectrum of the academic health center, from college-level women's health courses to faculty development and continuing education programs. These are aimed at ensuring that increasing numbers of physicians and other health professionals have the skills, attitudes, and competencies in women's health to practice medicine and conduct research in a manner that continually improves the health status of women throughout the life course. Strategies have included:

- ◆ Positioning CoE faculty and staff on curricular committees and working groups; giving presentations to these groups; providing essential materials; and suggesting potential members.
- ◆ Recognizing the important role students can play in pushing for reforms in the curriculum—surveying their assessment of the integration of women's health in their training, and giving them a voice. For example, contributing women's health goals to a “web campus”, where students can review the competencies they are expected to learn from their curriculum.
- ◆ Working to ensure that women's health an integral part of curricular revisions currently underway in academic health centers, including in some cases, the institution of mandatory courses on women's health and physiology.
- ◆ Integrating women's health courses across other, non-medical disciplines, in both graduate and undergraduate departments such as women's studies, public health, and psychology.
- ◆ Introducing college-level students to a women's health course,

offering them exposure to women's health from a social and medical perspective, giving them opportunities to participate in research, and providing positive role models.

- ◆ Acting as advisors to students interested in women's health.
- ◆ Adopting a comprehensive definition of women's health across the life span to be applied throughout the curriculum.
- ◆ Sponsoring lectures for a women's health interest group.
- ◆ Developing a 4th year medical school track specifically devoted to women's health.
- ◆ Establishing a residency program in women's health and integrating women's health elements in the residency training for others specialties, such as internal medicine, obstetrics/gynecology, and psychiatry.
- ◆ Introducing multi-disciplinary clinical training in women's health. For example, establishing a multi-disciplinary faculty practice to provide a training site for preventative women's health.
- ◆ Using work-study funds to develop a fellowship for female students providing health care to women in the community.
- ◆ Providing research opportunities for post-doctoral fellows in women's health.
- ◆ Collaborating with outside institutions that are also trying to integrate women's health into their curricular development and residency programs.
- ◆ Offering continuing education courses and faculty development meetings devoted to women's health issues, such as domestic violence, osteoporosis, and lesbian health care.

- ◆ Sponsoring conferences and symposia addressing cutting-edge issues in women's health.
- ◆ Developing a series of computer-based women's health learning modules for medical students and other health professionals, accessible on the Internet and organized around women's health case studies on such issues as alcoholism, depression, osteoporosis, caregiving, and heart disease.

Fostering Greater Community Outreach in Women's Health

To reach women in the community, particularly those who are medically underserved, the Centers of Excellence are creating and expanding their presence in the community by:

- ◆ Advertising their comprehensive women's healthcare services through local media as well as through alliances with community groups and local leaders.
- ◆ Establishing Consumer Advisory Boards, conducting focus groups, meeting with community leaders and residents to better address the needs and concerns of the community.
- ◆ Hiring lay educators to improve their cultural competence and better serve women in the community.
- ◆ Improving the cultural competence of providers of care to women in underserved communities through feedback to caregivers from patients.
- ◆ Compiling local and regional resource guides for women's health.
- ◆ Using telemedicine capacities to bring high quality services and information to women in remote and underserved communities.
- ◆ Working collaboratively with grassroots organizations, chambers

of commerce, and clergy to provide training opportunities that encompass both leadership skills and health information for women from diverse, underserved communities.

- ◆ Working with local high schools and community colleges on programs aimed at introducing students to career opportunities in health and science, including summer programs focused on encouraging racial and ethnic diversity in these fields.
- ◆ Establishing community resource rooms in local libraries and at clinical sites, with access to educational materials, information, referrals, videos and to on-line resources in women's health.
- ◆ Offering community collaborative funding grants to local women's health organizations.
- ◆ Sponsoring local health fairs, races, workshops and other activities in collaboration with local organizations.
- ◆ Working with community organizations and leaders to assess communities needs and ensure the rapid dissemination of health information and research findings back to the communities they serve.

Leveraging Resources

The National Centers of Excellence in Women's Health have successfully leveraged their limited funds to galvanize significant support, resources, and attention to women's health from their institutions and from external sources. Examples include:

- ◆ External validation and prestige. The Center of Excellence designation has gained national and international recognition. It has drawn attention from funders, the media, private corporations, other health institutions, foreign health ministries,

and others searching for innovative women's health models and standards of excellence in women's health.

- ◆ Additional external funding. In three years, the Centers of Excellence designation has generated more than \$43.4 million in additional funding for center activities and initiatives from philanthropic, foundation, industry, and government sources.
- ◆ Internal legitimacy and prestige. The Center of Excellence designation has greatly enhanced the status and security of women's health activities within the academic health center. It has legitimized women's health issues and efforts, made it easier for staff associated with the Center to sit on important committees, and kept women's health issues and priorities at the table in times of economic crises in the academic health centers.
- ◆ Additional internal funding and resources. The Centers of Excellence have garnered \$28 million in extra funding over three years from their own institutions, either through cost sharing, investment in new staff or space, direct grants, or other funding mechanisms.
- ◆ Increased funding for partners. The Centers have also leveraged their designation to raise an additional \$11 million for their partner organizations.
- ◆ A large return on investment. In total, with an investment of \$9.6 million from the Office on Women's Health over a three-year period, the Centers of Excellence have leveraged more than \$82 million in additional funds for women's health activities and initiatives.
- ◆ Recognition of the breadth of women's health issues. The Centers of Excellence designation has added legitimacy to the argument

that women's health issues go beyond reproductive health to include comprehensive services across the life span.

- ◆ Empowerment of efforts to more fully integrate women's health in the medical curriculum and continuing education activities, as well as efforts to advance the careers of women in academic health centers.
- ◆ Positioning of women's health as an important draw and major focus for academic health centers located in areas of intense health care competition (ie. the securing of managed care contracts, development of women's health service lines).
- ◆ Legitimization of women's health faculty (ie. the establishment of two endowed chairs in women's health).
- ◆ Vocal support from students and faculty for the CoE during times of fiscal crisis in the academic medical center.

**NATIONAL CENTERS OF EXCELLENCE IN WOMEN'S HEALTH
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